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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1942
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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 186

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. 444

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3231 Natural Bridge Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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(a) State Missouri (b) County St. Louis,

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. 3231 Natural Bridge Avenue (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Margaret Craycraft

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 20, (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
50	5	23	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Thomas McKeever

FATHER 13. Birthplace Bernsville (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name Margaret Jones

MOTHER 15. Birthplace Hillsboro (City, town, or county) Missouri (State or foreign country)

16. (a) Informant James McKeever

(b) Address 2419 Cass Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15, '42 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director John H. Gathen Sons Co.

(b) Address 2630 Gravois

19. (a) JAN 15 1942 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

JAN 15 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13

year 1942 hour 12 minute 15 P M.

21. I hereby certify that I attended the deceased from , 19 , to , 1942

that I last saw her alive on 1942

and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Apoplexy	
Arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Albert Berry (M. D. or other)

Address Date signed 1/15/42

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Robert F. Gilkey

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.